AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Akio Uchiyama						Docket No. 17406	
Application No.	Filing Date	Examiner			0.	Group Art Unit	ŀ
10/766,581	January 27, 2004	Matthew J. Kasztejna		23389		3739	3837
Invention: Capsule Medical Device							
COMMISSIONER FOR PATENTS:							
Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR		ER EXTRA	RATE		ADDITIONAL FEE
TOTAL CLAIMS	13 -	27 =	OL/ sivis		x	\$52.00	\$0.00
INDEP. CLAIMS	2 -	5 =		0	x	\$220.00	\$0.00
Multiple Dependent Claims (check if applicable)							\$0.00
							\$0.00
<ul> <li>No additional fee is required for amendment.</li> <li>□ Please charge Deposit Account No. in the amount of</li> <li>□ A check in the amount of to cover the filing fee is enclosed.</li> <li>☑ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP</li> <li>☑ Any additional filing fees required under 37 C.F.R. 1.16.</li> <li>☑ Any patent application processing fees under 37 CFR 1.17.</li> <li>□ Payment by credit card. Form PTO-2038.</li> <li>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</li> <li>□ Dated: December 8, 2008</li> </ul>							
Scully, Scott, Murphy & Presser, P.C.  400 Garden City Plaza, Suite 300  Garden City, New York 11530  (516) 742-4343   Signature of Person Mailing Correspondence  CC:  Typed or Printed Name of Person Mailing Correspondence							nmissioner for Patents, [37 eFR 1.8(a)] on espondence